



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION  
**BOARD OF GEOLOGISTS**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

**APPLICATION FOR GEOLOGIST LICENSURE BY RECIPROCITY  
INSTRUCTION SHEET**

**Selecting Your Reciprocity State**

The application requires you to choose **ONE** reciprocity state. As used in these instructions and on the application, the term reciprocity state means the jurisdiction (which includes U.S. State, U.S. territory or District of Columbia) where you:

- hold a **current** Geologist license and
- acquired the two years of professional geologic work experience.

Even if more than one jurisdiction where you hold a current license meets the definition of reciprocity state, you must nonetheless select only one. In selecting your reciprocity state, remember that the entire two years of required professional geologic work experience had to take place *in the reciprocity state*. Experience on projects that took place in other jurisdictions does not count even if you were employed by a firm in your reciprocity state at the time.

**Selecting Type of Application**

Apply by reciprocity only if you meet *all* of these criteria:

- You hold a **current** geologist license in good standing in your selected reciprocity state and
- You have at least two years professional geologic work experience in your selected reciprocity state and
- You have passed the ASBOG *unless* your license in your selected reciprocity state was issued before June 17, 1998. (If you were licensed in your reciprocity state after June 17, 1998 and you have never passed the ASBOG examinations, you cannot apply by reciprocity.)

If you do not meet *all* of these criteria, you must [apply by examination](#).

**Requirements for All Applicants**

- ☐ Submit a completed, signed and notarized [Application for Geologist Licensure by Reciprocity](#).
- ☐ Enclose non-refundable [processing fee](#) by check or money order made payable to the "State of Delaware."
- ☐ Arrange for the Board office to receive an official transcript from your college or university, sent directly to the Board office from the school.
- ☐ Arrange for the Board office to receive verification of your Geologist licensure from *each* jurisdiction where you are currently, or have *ever* been, licensed, sent directly from the jurisdiction to the Board office. Use the *Verification of Licensure* form included with the application.
  - If you were licensed in your reciprocity state after June 17, 1998, the verification from the jurisdiction where you passed the ASBOG must include your exam scores. If you were licensed in your reciprocity state before June 17, 1998, exam scores are not required.
- ☐ Arrange for the Board office to receive at least **two** professional references documenting that you have two years of professional geologic work experience that took place in your selected reciprocity state. The persons providing references should preferably be licensed professionals with a geology background. They must:
  - be familiar with your work as a geologist *in your selected reciprocity state*
  - use the *Professional Experience Reference Form* included with this application and send the forms *directly* to the Board office.

- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
- The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE  
DIVISION OF PROFESSIONAL REGULATION  
BOARD OF GEOLOGISTS

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

## APPLICATION FOR GEOLOGIST LICENSURE BY RECIPROCITY

### IDENTIFYING AND CONTACT INFORMATION

1. Name: \_\_\_\_\_  
Last/Family Name First Middle
2. Other Name(s) Used: \_\_\_\_\_
3. Date of Birth (month/day/year): \_\_\_\_\_ Gender: Male ☐ Female ☐
4. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐
  - If yes, Enter your SSN: \_\_\_\_\_
  - If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
5. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip
6. Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Daytime Home

### RECIPROCITY STATE & LICENSURE HISTORY

7. Select **ONE** jurisdiction (including U.S. State, U.S. territory and District of Columbia) where you hold a *current* Geologist license and where you acquired the required two years of professional geologic work experience: \_\_\_\_\_ This will be your reciprocity state.

**See the Instruction Sheet for more information on selecting your reciprocity state.**

8. Enter the following information about *each* geologic or other professional license or registration that you have ever held from a government jurisdiction in Delaware or elsewhere. Do **not** list certifications from a technical, scientific, or other non-governmental body.

TYPE OF LICENSE	ISSUING JURISDICTION	LICENSE NUMBER	ISSUE DATE	STATUS (e.g., active)

**Arrange for the Board office to receive a *Verification of Licensure* form from *each* jurisdiction listed, sent *directly* from the jurisdiction to the Board office.**

## EDUCATION AND EXAMINATIONS

9. Enter the following information your undergraduate and graduate geologic education. Enter geology credits in semester or quarter hours.

College or University Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Attended From: \_\_\_\_\_ To: \_\_\_\_\_ Major: \_\_\_\_\_  
Geology Credits Earned: \_\_\_\_\_ Degree: \_\_\_\_\_ Date Conferred: \_\_\_\_\_

College or University Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Attended From: \_\_\_\_\_ To: \_\_\_\_\_ Major: \_\_\_\_\_  
Geology Credits Earned: \_\_\_\_\_ Degree: \_\_\_\_\_ Date Conferred: \_\_\_\_\_

**Arrange for the Board office to receive an official transcript(s) sent *directly* from *each* college or university listed to the Board office.**

10. Have you passed the ASBOG? Yes ☐ No ☐ If yes, complete the following information.

EXAM	SCORE	DATE TAKEN	JURISDICTION WHERE TAKEN
Fundamentals of Geology			
Practice of Geology			

**If licensed in your reciprocity state after 6/17/1998, the *Verification of Licensure* from the jurisdiction where you passed the ASBOG exams must include your scores. If licensed in your reciprocity state before 6/17/1998, exam scores are not required.**

## PROFESSIONAL EXPERIENCE AND REFERENCES

11. List at least *two* persons, preferably with geologic experience, who will provide professional experience references documenting that you have two years of professional geologic work experience *in your selected reciprocity state*.

PROFESSIONAL REFERENCE 1				
Name: _____		Phone/Email: _____		
Address: _____		City	State	Zip

PROFESSIONAL REFERENCE 2				
Name: _____		Phone/Email: _____		
Address: _____		City	State	Zip

PROFESSIONAL REFERENCE 3				
Name: _____		Phone/Email: _____		
Address: _____		City	State	Zip

**Arrange for the Board office to receive *Professional Experience Reference Forms* sent *directly* from the professional references listed.**

12. List professional geologic work experience that took place in your selected reciprocity state (Question 7). You must list at least *two* years of experience. Start with your current position and work backwards. In the Description, briefly describe relevant facts about the degree of your responsibility and the nature of your geologic decisions.

***If you need more room, you may copy this page.***

**EXPERIENCE 1**

Number of Months/Years: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Address (if different from Employer Address): \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXPERIENCE 2**

Number of Months/Years: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Address (if different from Employer Address): \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXPERIENCE 3**

Number of Months/Years: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Address (if different from Employer Address): \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DISCLOSURES

13. Are any unresolved complaints pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**
14. Have you ever had your license to practice geology suspended, revoked, or subject to other disciplinary action in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**
15. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ **If yes, submit a certified copy of your criminal history record.**
16. Have you ever excessively used or abused drugs (including alcohol, narcotics, or chemicals)? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**
17. Do you have any impairment related to drugs or alcohol that would limit your practice of Geology? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**

**If Board review of your application is needed, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:**

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

**Applications that are not complete within six months of filing may be considered abandoned and discarded.**

**When your application is complete, please allow 4-8 weeks to receive your license.**

## AFFIDAVIT

***Complete this section in the presence of a notary public.***

The undersigned applicant for professional geologist licensure, being sworn, deposes and says that the information contained in this application is true and correct, and that s/he understands that the intentional inclusion of false or fraudulent information or the material omission of information may result in the denial of licensure and will be reported to the Attorney General for further action.

**APPLICANT SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

County of \_\_\_\_\_ State of \_\_\_\_\_

Sworn or affirmed before me a Notary Public this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Notary Signature: \_\_\_\_\_

SEAL

My commission expires on \_\_\_\_\_

**APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED FEE WILL BE REJECTED.**



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE  
DIVISION OF PROFESSIONAL REGULATION  
**BOARD OF GEOLOGISTS**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

## VERIFICATION OF LICENSURE REQUEST

### APPLICANT INFORMATION – The applicant for Delaware licensure completes this section.

- Full Name: \_\_\_\_\_  
First Middle Last
- Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip
- Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Day Evening
- Social Security Number: \_\_\_\_\_
- License Number in Jurisdiction Below: \_\_\_\_\_

6. If you passed the ASBOG exam, enter the information about each part:

EXAM	DATE TAKEN	JURISDICTION WHERE TAKEN
Fundamentals of Geology		
Practice of Geology		

### VERIFICATION OF LICENSURE/EXAMINATION – The State Board of Geologists completes this section.

The applicant named below has applied for Geologist licensure in the State of Delaware. We ask your cooperation by providing our Board with the following information.

1. License/Registration Number: \_\_\_\_\_ Status: Active ☐ Inactive ☐  
Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

2. Did the applicant take the ASBOG examination in your jurisdiction?  
Yes ☐ No ☐ If yes, complete:

EXAM	DATE TAKEN	SCORE
Fundamentals of Geology		
Practice of Geology		

3. Has the license ever been surrendered, suspended, or revoked? Yes ☐ No ☐ If yes, please explain on reverse.
4. Has your Board taken disciplinary action against the applicant? Yes ☐ No ☐ If yes, please explain on reverse.

**The Board of \_\_\_\_\_ of the State of \_\_\_\_\_ certifies that the above information is correct.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD SEAL

Please mail completed form *directly* to Board of Geologists at the address above.



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE  
DIVISION OF PROFESSIONAL REGULATION  
BOARD OF GEOLOGISTS

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

**PROFESSIONAL EXPERIENCE REFERENCE FORM – RECIPROCITY APPLICANTS**

**APPLICANT INFORMATION – The applicant completes this section (Questions 1-5).**

Arrange for the Board to receive at least **two professional references** that document a combined total of **two years** of professional geologic work experience **in your selected reciprocity state** (see Question 7 of your licensure application) as required by Section 2.2.1.3 of the Rules and Regulations. Complete this section and send the form to *each* person who will verify your professional geologic work experience **in your selected reciprocity state only**.

1. Full Name: \_\_\_\_\_  
First Middle Last
2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip
3. Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Day Evening
4. Active License Number(s): \_\_\_\_\_ State(s): \_\_\_\_\_
5. Enter **your selected reciprocity state** (from Question 7 of your *Application for Geologist Licensure by Reciprocity*).  
\_\_\_\_\_ This is the jurisdiction where you hold a *current* Geologist license and where you acquired the professional geologic experience that you want the person named below to verify.

**PROFESSIONAL GEOLOGIC EXPERIENCE – The person verifying the applicant's professional geologic work experience completes this section (Questions 6-15).**

The applicant named above is applying for Geology licensure in Delaware. Please provide the following information to verify the **professional geologic work experience that the applicant acquired while working in the jurisdiction in Question 5 above**.

6. Your Name: \_\_\_\_\_
7. Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Day Evening
8. Your Geologic Registration Number: \_\_\_\_\_ State: \_\_\_\_\_
9. Your Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_
10. Check your relationship to the applicant named above:  
☐ Employer ☐ Supervisor ☐ Co-worker ☐ Other: \_\_\_\_\_
11. I have known the applicant **professionally** since: \_\_\_\_\_
12. On the next page, provide information about the **professional geologic work experience that the applicant acquired while working in the jurisdiction entered in Question 5 above**. Do not enter information about experience that the applicant acquired in any other jurisdiction. Enter only work experience about which you have **first-hand, detailed personal knowledge in your professional capacity**. Space is provided for two periods of work experience. For example, if you supervised the applicant on two projects, you may enter the first project under Work Experience 1 and the second under Work Experience 2.



You may copy this page.

### WORK EXPERIENCE 1

I have **personal knowledge** of the applicant's professional geologic work experience in \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_.  
State, U.S. territory or D.C.

During this period, was the applicant employed as a geologist using initiative, skill, and individual interpretative judgment? Yes ☐ No ☐

Employer Name: \_\_\_\_\_

Where did this work experience take place? \_\_\_\_\_  
State, U.S. territory or D.C.

Indicate whether the applicant's work as a geologist during this period was ☐ Full-time ☐ Part-time

If part-time, enter percentage of geologist work \_\_\_\_\_ % (e.g., 30 hours working as a geologist out of 40-hour project = 75%)

Describe the applicant's work (e.g., projects) and the quality of his or her work performed during this period. *Only work that took place in the jurisdiction that the applicant entered in Question 5 above is relevant:* \_\_\_\_\_

---

---

---

---

---

---

---

### WORK EXPERIENCE 2

I have **personal knowledge** of the applicant's professional geologic work experience in \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_.  
State, U.S. territory or D.C.

During this period, was the applicant employed as a geologist using initiative, skill, and individual interpretative judgment? Yes ☐ No ☐

Employer Name: \_\_\_\_\_

Where did this work experience take place? \_\_\_\_\_  
State, U.S. territory or D.C.

Indicate whether the applicant's work as a geologist during this period was ☐ Full-time ☐ Part-time

If part-time, enter percentage of geologist work \_\_\_\_\_ % (e.g., 30 hours working as a geologist out of 40-hour project = 75%)

Describe the applicant's work (e.g., projects) and the quality of his or her work performed during this period. *Only work that took place in the jurisdiction that the applicant entered in Question 5 above is relevant:* \_\_\_\_\_

---

---

---

---

---

---

---

13. Provide your evaluation of the applicant's **overall** work performance. Check only *one* evaluation for each criterion.

	Excellent	Good	Poor	Unknown
Quality of professional work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of technical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional attitude, initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soundness of judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional reputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Do you consider the applicant qualified for licensure as a geologist? Yes ☐ No ☐

15. Additional remarks or comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information that I have provided is accurate and truthful to the best of my knowledge.

SIGNATURE: \_\_\_\_\_ Date Completed: \_\_\_\_\_

AFFIX  
SEAL

**Mail the completed form *directly* to Board of Geologists at the address above.**

- The Board office will accept only forms it receives *directly* from the person verifying the applicant's professional geologic work experience. Forms returned by the applicant will not be accepted.
- Faxed forms will not be accepted.